

# *UHIP Governance Committee Meeting ~ September 17, 2013*

**Attendees:** Terry Clemmer, Lisa Evans, Melissa Guseman, Brett Heikins, Wayne Kinsey, Boaz Markewitz, Jeanmarie Mayer, Allyn Nakashima, Rex Olsen, Dean Sanpei, Doug Smith, Felicia Alvarez, Louise Eutropius, Sherry Varley, Jordan Pyper, Karla Matheson, Linda Egbert, Aaron Spilker, Spencer Hardenbrook.

**Action Items Highlighted in Yellow**

Agenda Item	Resp. Person	Discussion
Welcome and Introductions	Jeanmarie Mayer	Meeting commenced at 3:00 pm. Attendees and phone participants introduced themselves.
Minutes from last meeting	Jeanmarie Mayer	<ol style="list-style-type: none"> <li>1. First Motion: Doug Smith</li> <li>2. Second Motion: Wayne Kinsey</li> <li>3. Minutes approved as presented.</li> </ol>
Prevention Collaboratives Summation	<p>Felicia Alvarez/ Jordan Pyper</p> <p>Linda Egbert</p>	<p>Ms. Alvarez presented the MDRO Detection and Prevention Collaborative Report. The collaborative will continue through an additional grant cycle to July 31, 2014. The first core group team meeting will be 9/30/2013. Focus groups will continue to work to create a "Safe Patient Transfer" toolkit, distribute and promote the Patient Transfer Protocol and the Isolation Precaution green stickers. The stickers for the protocol were passed for those present to see. They will continue to be used in the pilot phase and then be rolled out when there has been more awareness brought to the participating facilities. Current participants are UDOH, Intermountain Healthcare, University of Utah Medical Center and Clinics, Lakeview Hospital, St. Mark's Hospital, Promise Hospital of Salt Lake, Utah Valley Specialty Hospital, South Davis Community Hospital and Gold Cross Ambulance, Inc.</p> <p>Jordan Pyper presented the work he has been doing with an Aberration Detection Model, Exposure Network Analysis. He explained how the results were derived from facilities currently participating in the collaborative, as well as data reported to public health. Utah is one of eleven states where CREs are reportable at this time.</p> <p>Ms. Egbert presented the CUSP/CAUTI Collaborative Report. At this time only the Intermediate Care Unit at the University of Utah Hospital is participating from Utah in this current cohort along with facilities from other states. The collaborative looks at the appropriate use of foley catheters, and daily recording of the necessity of their usage on a web based tool. The goal is to have real time entry of catheter utilization justifications inputted on a computer or iPad while rounding with doctors. Information can then be broken down into different categories showing the reasons catheters are being used. This information can be sorted by physician, unit or what the need may be. This will be an eighteen month trial.</p> <p>This will be offered as an option across the state at a future date for those interested in doing this.</p> <p>Dr. Doug Smith stated that Dr. Kristin Dascomb at IMC is doing a similar study in 2014. He will get Dr. Dascomb and Linda Egbert connected to help each other with their endeavors.</p>

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HAI WG Update	Aaron Spilker	<p>Mr. Spilker presented an overview of accomplishments of the HAI WG since the March UHIP GC meeting.</p> <ol style="list-style-type: none"> <li>1. HAI WG will meet 8 times a year; in months when UHIP meetings are not held. The workgroup no longer meets at UHA, but at HealthInsight offices.</li> <li>2. The newly revised HAI WG Mission Statement was reviewed with UHIP GC. It is posted on the UDOH HAI Website.</li> <li>3. A HAI WG subgroup participated in the preparation of an IP Needs Assessment that was sent out statewide.</li> <li>4. The HAI WG encourages support of the state Prevention Collaboratives.</li> <li>5. HAI WG recommends that the next round of state HAI Validations to focus on CLABSI, CAUTI, Colon Surgical Site Infections, and Secondary Blood Stream Infections.</li> <li>6. Even though the committee is no longer meeting at UHA, their involvement is important to this committee.</li> </ol>
Infection Preventionists Needs Assessment	Louise Eutropius	<p>Ms. Eutropius presented results from the Infection Preventionists Needs Assessment that was conducted in April 2013. It was sent to 53 acute care and long term acute care IPs within the state. There was a 69% response rate. It focused on IP responsibilities, budgets, experience, training and certification, and resource needs.</p> <p>A few of the findings were as follows:</p> <ol style="list-style-type: none"> <li>1. Seventy-nine percent indicated that they have additional responsibilities such as Employee Health, Quality Improvement, and others within inpatient areas as well as outpatient areas, attending meetings, Hospice coordination, and wound care.</li> <li>2. Eighty-six percent of IP's are required to be on call 24/7 and do not receive additional pay for on call duty. Some said that it is considered part of their salary.</li> <li>3. Most work more hours than for which they are budgeted.</li> <li>4. Some receive comp time but cannot use it due to amount of workload.</li> <li>5. Forty-six percent indicated that they had greater than fifteen years of experience, which is good news, however; this means a lot of experienced IP's are reaching retirement age and that knowledge will be lost.</li> <li>6. Indication was made that Certification is not a job requirement where they work, nor is compensation given for certification.</li> <li>7. Most spend only ten to twenty percent of their time actually working on the units and with training; but desire to spend a greater percentage in prevention activities.</li> </ol> <p>Recommendations from the Needs Assessment were:</p> <ol style="list-style-type: none"> <li>1. Provide additional budgeted hours (FTEs) for personnel to perform infection prevention-related activities</li> <li>2. Enhance information technology resources</li> <li>3. Provide funding for inexperienced IPs for training and education</li> <li>4. Increase funding for infection prevention and control educational activities</li> <li>5. Advocate for IPs to become nationally certified</li> <li>6. Consider adding CIC as a requirement for the IP job description</li> </ol>

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		<p>Much discussion ensued regarding how to best support IPs within the state of Utah.</p> <p>Dr. Mayer suggested that a presentation be given to the UHA Board and Dr. Smith agreed that this would provide a good platform for hospital administration to hear about Infection Preventionists needs.</p> <p>Representative Sanpei stated that he feel the UHIP GC is functioning well to address concerns, but if there is anything that needs to be brought before the Legislature, now is the time to do this.</p> <p>.</p>
CDC Grant Update	Sherry Varley	<p>The HAI Infrastructure within the state and the UHIP GC was funded originally in 2008 with Affordable Care Act grant monies. The grant has continued annually. The most recent award was applied for in May 2013. Notice of award in August 2013 will provide money for a continuation of HAI Infrastructure and the MDRO Prevention Collaborative, however monies requested to assist with HAI data validation were not funded.</p> <p>Of note, the validations/education that has been conducted within the state have gone beyond the initial hospitals. Requests have been made for the education to be given to many other facilities and healthcare corporations within the state. This education has been given and will continue in a presentation to be given at the Utah APIC Chapter Conference in October 2013.</p>
HAI in Utah 2012 Annual Report	Sherry Varley	<p>A draft of the HAI in Utah 2012 Annual Report was presented to the committee for review. This report was mandated by House Bill 55. It was sent to reporting facilities for a 30-day review on August 9, 2013. Comments were received from facilities and revisions to the draft report were made. The official release of the report will be October 1, 2013. A press release will be sent from UDOH prior to the report being placed on the UDOH website.</p> <p>Annual reports will be made available in October each year. The reports will continue to show HAI events that are required by CMS to be reported to NHSN as required by HB 55.</p> <p>Dr. Doug Smith suggested that it would be a good idea for healthcare facilities to send any information they would like to have considered for the report press release to Sherry Varley.</p>
UHIP GC Logo	Jeanmarie Mayer	Due to limits of time, discussion of a UHIP GC Logo was postponed to the next meeting.
		Meeting was adjourned at 5:00 pm
		<b>Next Meeting will be held – December 17' 2013 – Olmsted Room – State Capitol</b>